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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application: An-Chun Tu : Group Art Unit: 2818
Serial Number: 10/700,779 : Examiner: David Nhu
Filed: 11/04/2003 : Attn. Docket No.: TS03-268
Title: METHOD FOR IMPROVING
INTERLEVEL DIELECTRIC GAP
FILLING OVER SEMICONDUCTOR : Date: September 27, 2004
STRUCTURES HAVING HIGH ASPECT
RATIOS

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Dear Sir:


This paper is responsive to the Office action dated July 30, 2004. The applicants would like to thank the Examiner for the courtesies extended to their attorney, Won Joon Kouh, during the telephonic interview held on September 13, 2004. Pursuant to the agreement reached by the Examiner and the applicants' attorney during the interview, the following amendments are being submitted herewith for entry to place the claims in allowable form.

10/07/2004 GLEWIS 00000001 502061 10700779

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): An-Chun Tu				TS03-268	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/700,779	11/4/2003	David Nhu	28581	2818	5490
Invention: METHOD FOR IMPROVING INTERLEVEL DIELECTRIC GAP FILLING OVER SEMICONDUCTOR STRUCTURES HAVING HIGH ASPECT RATIOS					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30 -	26 =	4 x	\$18.00	\$72.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$72.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 50-2061 in the amount of \$72.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-2061 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: 9/27/2004		
Won Joon Koub, Esq. Reg. No. 42,763 Duane Morris LLP 100 College Road West, Suite 100 Princeton, NJ 08540 609-919-4435			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on _____ (Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					

P11LARGE/REV08

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

101700779

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	7/13/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	26	Minus	** 26 = /
Independent	2	Minus	*** 3 = /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	30	Minus	** 26 = 4
Independent	2	Minus	*** 3 = /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
XS18=	72
X86=	
+290=	
TOTAL	
ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	**
Independent		Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.